FORM D

SEC Mull Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL

OMB Number: 3235-0076

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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix	Serial							
DA	TE RECEIVED							
1								

Filing Under (Check box(es) that apply): R Type of Filing: New Filing Amendme	ule 504 Rule 505 Rule 506 Section 4(6)	ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issu		08045325
Name of Issuer (check if this is an amendmer Dynamic Media Holdings		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
289 Highway 33, Suite 6	Manalapan, NJ 07726	(732) 786-8044
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Publisher of special market periodicals		PROCESSED
	ed partnership, already formed Other (ped partnership, to be formed	please specify): APR 1 0 2008
• • • • • • • • • • • • • • • • • • • •	Month Year nization: Actual Estin er two-letter U.S. Postal Service abbreviation for State N for Canada; FN for other foreign jurisdiction)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
GENERAL INSTRUCTIONS		
77d(6).	curities in reliance on an exemption under Regulation D	
	15 days after the first sale of securities in the offering the date it is received by the SEC at the address given b I States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Com	mission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice mu photocopies of the manually signed copy or bear ty	st be filed with the SEC, one of which must be manuall ped or printed signatures.	y signed. Any copies not manually signed must be
	ell information requested. Amendments need only repo material changes from the information previously supp	
Filing Fee: There is no federal filing fee.		
ULOE and that have adopted this form. Issuers re are to be, or have been made. If a state requires t	e Uniform Limited Offering Exemption (ULOE) for selying on ULOE must file a separate notice with the Selying on ULOE must file a separate notice with the Selection to the claim for the appropriate states in accordance with state law.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
	ATTENTION	
	States will not result in a loss of the federal ex It in a loss of an available state exemption unle	

198		*	A. BASIC IDE	NTI	FICATION DATA		The same of	٠, .	
2. Enter the information re	quested for the fol	lowing	g:						
 Each promoter of t 	he issuer, if the iss	suer ha	is been organized w	ithin	the past five years;				
 Each beneficial ow 	ner having the pow	er to v	ote or dispose, or dir	ect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
 Each executive off 	icer and director o	f corpo	orate issuers and of	corpo	rate general and man	aging	partners of	partne	ership issuers; and
Each general and n	nanaging partner o	f partr	ership issuers.						
Check Box(es) that Apply:	✓ Promoter	[7]	Beneficial Owner	(T)	Executive Officer		Director		General and/or
Schoengood, Bruce		⊻] 	Beneficial Owner	Ø	Executive Officer	<u>\</u>	Director	<u>. </u>	Managing Partner
Full Name (Last name first, i	f individual)								
289 Highway 33, Suite	6, Manalapan	, NJ	07726						
Business or Residence Addre	ss (Number and	Street.	. City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter	Z	Beneficial Owner	[Z]	Executive Officer	7	Director	П	General and/or
Mallen, John T	_			_		_		_	Managing Partner
Full Name (Last name first, i	f individual)								***
289 Highway 33, Suite	6. Manalanan	. N.J	07726						
Business or Residence Addre				de)				-	
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	,						•	
									·
Business or Residence Addres	ss (Number and	Street,	City, State, Zip Co.	de)					
Check Box(es) that Apply:	Pramater		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			•					
Business or Residence Addres	ss (Number and	Street,	City, State, Zip Co	de)					• **·
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	(individual)								
Business or Residence Addres	is (Number and !	Street.	City, State, Zip Coo	de)					
		,	2.,, 2,,	/					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	ss (Number and .	Street,	City, State, Zip Coo	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)		 			••	_		
Duciness of Decidence Addition	Alumbar and	Carent	City State 7in Ca	dal					
Business or Residence Addres	s (Inumper and)	oureel,	City, State, Zip Coo	16)					
	(Use blan	k shee	et, or copy and use a	dditi	onal copies of this sh	ect, a	s necessary)	

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l. Has th	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes □	No ☑	
	Answer also in Appendix, Column 2, if filing under ULOE.									J		
2. What	What is the minimum investment that will be accepted from any individual?									s N/A		
										Yes	No	
3. Does	the offering	permit join	t ownershi	p of a sing	le unit?	••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•••••			
comm If a pe or stat	the informa ission or sim rson to be lis es, list the na er or dealer	ilar remune ted is an ass ame of the b	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase int of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in the EC and/or	he offering. with a state		
	(Last name	first, if indi	ividual)							•		
NONE	- D - a' dan a -	4 dd-000 (N		d Connect Ci	tu Ctata 7	in Code					_	
Business o	r Residence	Address (N	umber and	i Street, Ci	ty, State, Z	.ip Code)						
Name of A	ssociated B	oker or De	aler								· · · · · · · · · · · · · · · · · · ·	
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						***
(Chec	k "All State:	" or check	individual	States)		•••••	***************************************	••••••		•	☐ AI	States
(*************************************	[AZZ]	[47]	الما	[GT]	رجما	िका	(DE)	[הכ]	FL	[CA]	-	(ī b)
[AL]	AK IN	[AZ]	AR KS	(KY)	[CO]	CT ME	DE MD	DC MA	MI	[GA]	MS MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОH	OK)	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if indi	vidual)									
Business of	or Residence	Address ()	Number an	d Street, C	ity, State,	Zip Code)						
		_										
Name of A	ssociated Br	oker or De	aler									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	k "All States										∏ AI	States
AL IL	AK IN	[AZ]	AR	CA KY	CO LA	CT ME	DE MD	DC MA	[FL]	GA MN	MS MS	MO
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RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI)	WŸ	PR
Full Name	(Last name	first if indi	vidual)									
un Name	(rest lialite	11131, 11 11101	+iduaij									
Business c	r Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)						
Name of A	ssociated Br	oker or Dea	aler			··· 			<u>_</u>			
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	_					
	«"All States							,	,,,,,,	***************************************	□ Aī	States
[ÂL]	[AK]	AZ	AR	CA	CO	CT	DE	DC	FL	[GA]	HI	ĪD
TL	ĪŇ	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK.	OR	PA
RI	SC	SD	TN	TX	UT	∇T	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k d		
	Type of Security	Aggregate Offering Price	•	Amount Already Sold
	Debt	\$		\$
	Equity	\$	_	
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$ 1,000,000	_	<u>\$</u> 38,000
	Partnership Interests	. \$		\$
	Other (Specify)	. \$		\$
	Total			
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e r Numb e r		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors			s <u>38,000</u>
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)	·	_	\$ 38,000
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	·	_	\$
	Regulation A		_	\$
	Rule 504	Equity	_	\$95,000
	Total	·	_	\$
‡	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		_	\$ 3,000.00
	Accounting Fees		_	s
	Engineering Fees		_	\$
	Sales Commissions (specify finders' fees separately)		_	\$
	Other Expenses (identify)		_	S
	Total		_	\$ 3,000.00

	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE O	OF PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted g	ross	<u>\$ 35,000</u>
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate the payments listed must equal the adjusted gi	and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		S	<u></u> \$
	Purchase of real estate		🗌 \$	<u></u> \$
	Purchase, rental or leasing and installation of mac and equipment	hinery	[7] \$	
	Construction or leasing of plant buildings and faci			
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset	ue of securities involved in this	_	_
	issuer pursuant to a merger)		–	– –
	Repayment of indebtedness			
	Working capital			
	Other (specify):		[_] _p	J J
	· · · · · · · · · · · · · · · · · ·		_ 	s
	Column Totals		🗆 \$	⊘ \$ 35,000
	Total Payments Listed (column totals added)		Z \$ 35	5,000
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur- information furnished by the issuer to any non-acci	nish to the U.S. Securities and Exchange Com	mission, upon writte	
Íg	sucr (Print or Type)	Signature	Date	50/
0	ynamic Media Holdings, Inc.	V. Sam Weher	4	3 08
N	ame (Print or Type)	Title (Print or Type)		
_	ruce Schoengood	President/CEO		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

L		E. STATE SIGNATURE										
1.		30.262 presently subject to any of the disqualification Yes No										
		See Appendix, Column 5, for state response.										
2.	The undersigned issuer hereby under D (17 CFR 239,500) at such times a	rtakes to furnish to any state administrator of any state in which this notice is filed a notice on Form as required by state law.										
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.											
4.	limited Offering Exemption (ULOE	hat the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform) of the state in which this notice is filed and understands that the issuer claiming the availability establishing that these conditions have been satisfied.										
	uer has read this notification and knows thorized person.	s the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned										
	rint or Type)	Stem Notes April 3, 2008										
	Signer (Print or Type) Schoengood	Title of Signer (Print or Type) President/CEO										
	* - · · • - · · ·											

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	·	,	Çey e Proce	AI	PENDIX				
1	Intend to non-a investor	d to sell accredited is in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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	. , , ,			APP	ÉNDIX		: .			
1	Intento	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	ccredited Non-Accredited					
мо										
мт										
NE										
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VA										
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wv										
wı		x	\$1,000,000 Equity	-1-	\$38,000				x	

			· · ·	· APP	ENDIX	(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1	1		
Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Disquencer Type of investor and explanamount purchased in State waiv (Part C-Item 2) (Part		vestor and enased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY PR									

